



Customer Number 035884
Attorney Docket No. 2080-3-15

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Byung Ju Dan

Serial No: 09/855,936

Filed: May 15, 2001

For: INTERACTIVE LEARNING DEVICE USING WEB-BASED SYSTEM AND METHOD THEREFOR

Art Unit: 3629

Examiner: Traci L. Smith

AMENDMENT

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on

April 21, 2005

Date of Deposit

George W. Luckhardt

Name

Signature

04/21/2005

Date

Dear Sir:

In response to the Office Action mailed January 27, 2005, Applicant petitions for entry of the following Amendment and consideration of the following Remarks.

The amendments set forth herein are provided solely to clarify the invention as filed and set forth in the pending claims in order to comply with applicable statutes and regulations. The amendments are not intended to limit the invention or preclude the application of equivalents which Applicant may be entitled to under law.

Please direct further correspondence to Customer Number 035884. Applicant requests that all deficits and credits be referenced to Deposit Account No. 502290 order 2080-3-15.

Please amend the above-identified application, as provided in the following.

The Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

05/06/2005 DJONES1 00000005 502290 09855936

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

2080-3-15

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 33 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 33 minus 20 = | 13 |
| INDEPENDENT CLAIMS | 8 minus 3 = | 5 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

| RATE | FEE |
|-----------|---------|
| BASIC FEE | 710.00 |
| X\$18= | 234.00 |
| X80= | 400.00 |
| +270= | |
| TOTAL | 1344.00 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 34 | 33 | 1 |
| Independent | 8 | 8 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

1, 5, 16, 18, 22, 25, 28, 32

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | 50.00 |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | 50.00 |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | |
| Independent | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | |
| Independent | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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